BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation filed Against:	
NICOLE POLIQUIN-WILLIAMS, M.D. P.O. Box 492027 Los Angeles, CA 90049	Case No.: 06-2007-187121
Physician's and Surgeon's Certificate No.: A-30419	
Respondent	

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Medical Board of California, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on July 15, 2011

IT IS SO ORDERED June 15, 2011.

MEDICAL BOARD OF CALIFORNIA

By: _____
HEDY CHANG
Chair

EDMUND G. BROWN JR.
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General
COLLEEN M. MCGURRIN
Deputy Attorney General
State Bar No. 147250
300 South Spring Street, Suite 1702
Los Angeles, California 90013
Telephone: (213) 620-2511
Facsimile: (213) 897-9395
Attorneys for Complainant

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **NICOLE POLIQUIN-WILLIAMS, M.D.** **12720 Montana Avenue** **Los Angeles, CA 90049** **Physician's and Surgeon's Certificate No. A 30419** Respondent.	Case No. 06-2007-187121 OAH No. 2010010251 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

PARTIES

1. Linda K. Whitney (Complainant) is the current Executive Director of the Medical Board of California (Board). At the time Accusation No. 06-2007-187121 was filed, Barbara Johnston was the Executive Director of the Board and brought this action solely in her official capacity. The Board is, and has been represented in this matter by Edmund G. Brown Jr., Attorney General of the State of California, by Colleen M. McGurrin, Deputy Attorney General.

2. Respondent, Nicole Poliquin-Williams, M.D. is represented in this proceeding by attorney Raymond J. McMahon, whose address is 1851 East First Street, Suite 810, Santa Ana, California 92705-4041.

3. On or about August 30. 1976, the Board issued Physician's and Surgeon's Certificate No. A 30419 to Nicole Poliquin-Williams, M.D. The Physician's and Surgeon's Certificate was

in full force and effect at all times relevant to the charges brought in Accusation No. 06-2007-187121, and will expire on August 31, 2010, unless renewed.

JURISDICTION

4. Accusation No. 06-2007-187121 was filed on November 25, 2009, before the Board, Department of Consumer Affairs, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on November 25, 2009. Respondent timely filed her Notice of Defense on December 9, 2009, contesting the Accusation. A copy of Accusation No. 06-2007-187121 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 06-2007-187121. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order on her Physician's and Surgeon's Certificate No. A 30419.

6. Respondent is fully aware of her legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to be represented by counsel at her own expense; the right to confront and cross-examine the witnesses against her; the right to present evidence and to testify on her own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

8. Respondent understands and agrees that the charges and allegations in Accusation No. 06-2007-187121, if proven at a hearing, constitute cause for imposing discipline upon her Physician's and Surgeon's Certificate.

9. Respondent admits that, at an administrative hearing, complainant could establish a

prima facie case with respect to the charges and allegations contained in Accusation No. 06-2007-187121, a true and correct copy of which is attached hereto as Attachment "A," and hereby gives up her right to contest those charges and allegations.

10. Respondent further agrees that her Physician's and Surgeon's Certificate No. A 30419 is subject to discipline and agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

CONTINGENCY

11. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Board may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or her counsel. By signing the stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

ADDITIONAL PROVISIONS

12. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final and exclusive embodiment of the agreements of the parties in the above-entitled matter.

13. The parties agree that facsimile copies of this Stipulated Settlement and Disciplinary Order, including facsimile signatures of the parties, may be used in lieu of original documents and signatures and, further, that facsimile copies and signatures shall have the same force and effect as the originals.

14. In consideration of the foregoing admissions and stipulations, the parties agree the Board may, without further notice to or opportunity to be heard by respondent, issue and enter the following Disciplinary Order:

/ / /

DISCIPLINARY ORDER

A. PUBLIC REPRIMAND

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 30419 issued to Respondent Nicole Poliquin-Williams, M.D. shall be and is hereby Publicly Reprimanded pursuant to California Business and Professions Code section 2227, subdivision (a)(4). This Public Reprimand is issued in connection with respondent's care and treatment of patients X. B. and V. S.-B. as follows:

You failed to maintain adequate and accurate medical records for patients X. B. and V.S.-B. as more fully described in Accusation No. 06-2007-187121.

B. MEDICAL RECORDS KEEPING COURSE

Within 60 calendar days of the effective date of this Decision, respondent shall enroll in a course in medical record keeping, at respondent's expense, at the Physician Assessment and Clinical Education Program (PACE) offered at the University of California - San Diego School of Medicine ("Program"), or its equivalent, approved in advance by the Board or its designee. Failure to successfully complete the course within 180 calendar days of the effective date of this Decision shall constitute unprofessional conduct and grounds for further disciplinary action.

A medical record keeping course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision will be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

C. PRESCRIBING PRACTICES COURSE

Within 60 calendar days of the effective date of this Decision, respondent shall enroll in a course in prescribing practices, at respondent's expense, approved in advance by the Division or its designee. Failure to successfully complete the course within 180 calendar days of the effective date of this Decision shall constitute unprofessional conduct and grounds for further disciplinary

action.

A prescribing practices course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Division or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Division or its designee had the course been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Division or its designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

D. PSYCHOPHARMACOLOGY COURSES

Within 60 calendar days of the effective date of this Decision, respondent shall enroll in a course equivalent to the "Psychopharmacology: A Masters Class" offered through Harvard Medical School, or its equivalent, approved in advance by the Board or its designee, at respondent's expense. Failure to successfully complete the course within 180 calendar days of the effective date of this Decision shall constitute unprofessional conduct and grounds for further disciplinary action.

A Psychopharmacology course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision will be accepted towards the fulfillment of this condition if the course would have been approved by the Division or its designee had the course been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Division or its designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

ACCEPTANCE

I have carefully read this Stipulated Settlement and Disciplinary Order and, having the benefit of counsel, enter into it freely, voluntarily, intelligently, and with full knowledge of its force and effect on my Physician's and Surgeon's Certificate No. A 30419. I have fully discussed the Stipulation, its contents, and its effects with my attorney, Raymond J. McMahon and enter

into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California. I fully understand that, after signing this stipulation, I may not withdraw from it, that it shall be submitted to the Board for its consideration, and that the Board shall have a reasonable period of time to consider and act on this stipulation after receiving it. By entering into this stipulation, I fully understand that, upon formal acceptance by the Board, I shall be publically reprimanded by the Board and shall be required to comply with all of the terms and conditions of the Disciplinary Order set forth above. I also fully understand that any failure to comply with the terms and conditions of the Disciplinary Order set forth above shall constitute unprofessional conduct and will subject my Physician's and Surgeon's Certificate No. A 30419 to disciplinary action.

DATED: 6/17/10

NICOLE POLIQUIN-WILLIAMS, M.D.
Respondent

I have read and fully discussed with Respondent Nicole Poliquin-Williams, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: June 17, 2010

Raymond J. McMahon
Attorney for Respondent

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ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

Dated: 6/17/2010

Respectfully Submitted,

EDMUND G. BROWN JR.
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General

COLLEEN M. MCGURRIN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 06-2007-187121

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO November 25 2009
BY Arleen Espinoza ANALYST

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Attorneys for Complainant

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: NICOLE POLIQUIN-WILLIAMS, M.D. 12720 Montana Avenue Los Angeles, California 90049 Physician's & Surgeon's Certificate A 30419, Respondent.	Case No. 06-2007-187121 **ACCUSATION**

Complainant alleges:

PARTIES

1. Barbara Johnston (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California ("Board").

2. On or about August 30, 1976, the Board issued Physician's and Surgeon's Certificate number A 30419 to Nicole Poliquin-Williams, M.D. ("Respondent"). That license has been in full force and effect at all times relevant to the charges brought herein and will expire on August 31, 2010, unless renewed.

JURISDICTION

3. This Accusation is brought before the Board under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

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4. Section 2234 of the Code states, in pertinent part:

"The Division of Medical Quality[1] shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter [Chapter 5, the Medical Practice Act].

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

"(d) . . . (f)."

5. Section 2227 of the Code states:

"(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the division, may, in accordance with the provisions of this chapter:

"(1) Have his or her license revoked upon order of the division.

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[1] California Business and Professions Code section 2002, as amended and effective January 1, 2008, provides that, unless otherwise expressly provided, the term "board" as used in the State Medical Practice Act (Bus. & Prof. Code § 2000, et seq.) means the "Medical Board of California," and references to the "Division of Medical Quality" and "Division of Licensing" in the Act or any other provision of law shall be deemed to refer to the Board.

"(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the division.

"(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the division.

"(4) Be publicly reprimanded by the division.

"(5) Have any other action taken in relation to discipline as part of an order of probation, as the division or an administrative law judge may deem proper.

"(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the division and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1."

6. Section 2266 of the Code states: "The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct."

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence – Patient X.B.[2])

7. Respondent is subject to disciplinary action under section Business and Professions Code section 2234, subdivision (b), in that she was grossly negligent in her care and treatment of patient X.B. The circumstances are as follows:

8. On or about June 30, 2005, X.B., a then six-year-old male patient, was seen by respondent for complaints of temper tantrums, mood swings, and difficulty getting to sleep. Respondent spoke with X.B.'s adoptive parents about his past medical and social history, as well as his biological mother's admitted marijuana use during the pregnancy. Respondent made a

[2] For privacy, the patients in the Accusation will be identified by their first and last initial. The full name will be disclosed to Respondent upon timely request for discovery pursuant to Government Code section 11507.6.

presumptive diagnosis of bipolar disorder[3] based upon the patient's mood swings, agitation, impulsivity and insomnia. Respondent, however, did not document a mental status examination on this visit, nor is there evidence documented that the patient consistently demonstrated symptoms of a bipolar disorder. Respondent also failed to document the patient's weight on this visit, and prescribed Trileptal[4] after discussing the drug's potential side effects with his parents.

9. On or about July 5, 2005, respondent again saw X.B., who was reportedly having trouble taking the Trileptal and had thrown it up that morning. Respondent discontinued the Trileptal and prescribed Depakote,[5] in a form which could be mixed in soft foods to facilitate its administration. Depakote requires regular laboratory monitoring of the patient's blood levels, liver function, CBC and chemistry panels, and the dosage is initially calculated based upon the patient's weight. Respondent also prescribed Adderall XR,[6] an Attention-Deficit Hyperactivity disorder (ADHD)[7] medication. Respondent again failed to record X.B.'s weight on this visit, and no mental status examination was documented.

10. On or about July 14, 2005, X.B. saw respondent again. At that time his sleep had improved, but he was still experiencing behavioral problems. Besides failing to record the patient's weight on this visit, respondent discontinued the Adderall XR, increased the Depakote, and added a new prescription for Metadate CD.[8]

11. On or about July 19, 2005, respondent saw X.B. for another follow-up visit, and

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[3] Bipolar disorder is a mood disorder that causes radical emotional changes and mood swings, from manic highs to depressive lows.

[4] Trileptal is a trademark for the drug oxcarbazepine, an anticonvulsant generally used in the treatment of partial seizures (any seizure due to a lesion in a specific, known area of the cerebral cortex).

[5] Depakote is a trademark for the drug divalproex sodium, and anticonvulsant drug, mood stabilizer, and antimigraine agent which increases the level of gamma-aminobutyric acid in the brain, reducing seizure activity.

[6] Adderall is a brand-name for a pharmaceutical psychostimulant comprising mixed amphetamine salts. This drug is used primarily to treat attention-deficit/hyperactivity disorder and narcolepsy, and is a Schedule II controlled substance which has a high potential for abuse and addiction despite genuine medical use. Extended-release (XR) pills are tables or capsules formulated to dissolve slowly and release a drug over time.

[7] Attention-Deficit Hyperactivity disorder (ADHD) is generally considered to be a developmental disorder, largely neurological in nature, affecting about 5% of the world's population. The disorder typically presents itself during childhood, and is characterized by a persistent pattern of inattention and/or hyperactivity, as well as forgetfulness, poor impulse control or impulsivity, and distractibility.

[8] Metadate CD is a brand name for a drug that contains methylphenidate (MPH) a central nervous system (CNS) stimulant which has a calming effect on individuals who have ADHD by reducing their impulsive behavior, and facilitating concentration on work and other tasks.

recorded his weigh at 40.5 pounds. His sleep had improved and his behavioral problems had decreased somewhat, although he had struck one of his parents. Respondent increased the Depakote and added a new prescription for Risperdal,[9] however the dosage is unclear due to a discrepancy in the record. The "Patient Medication Instruction" sheet on this date reflects a new prescription for Risperdal liquid with a dosage of ¼ cc in juice at night, however, the "Note to File", dated the same day, reflects a dosage of ½ cc or 0.5 mg.

12. Respondent saw X.B. again on or about August 8, 2005, who now weighed 45 pounds, and was doing very well with a few negative incidents. Respondent increased the Metadate CD and Depakote dosages, but it is unclear if respondent decreased the patient's Risperdal dose due to the above referenced discrepancy in the record.

13. On or about August 30, 2005, respondent saw the patient again. Respondent modified X.B.'s medication regimen by adding new prescriptions for Lithium citrate[10] and Prozac,[11] decreased the Depakote dosage, however, it is unclear if the Metadate CD dose was modified due to a discrepancy in the records.[12] On this visit, respondent failed to document any information concerning X.B.'s mental, physical or emotional status other than his weight.

14. X.B. was next seen by respondent on or about October 11, 2005, and still weighed 45 pounds. He was having temper tantrums and was out of control between midday and the evening. Respondent increased the Lithium and Metadate CD dosages.

15. On or about November 10, 2005, respondent first ordered X.B.'s blood levels to be tested, however, no additional laboratory work, testing, or monitoring was ordered at this time.

16. On or about November 15, 2005, the patient's mood was stabilizing and he was having very few tantrums. His weight was not recorded. Respondent increased the Lithium dose, decreased the Depakote, and changed the timing of the Metadate CD dosage.

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[9] Risperdal is a trademark for the drug resperidone, an antipsychotic medication.

[10] Lithium is a soft, highly reactive metallic element whose carbonate form is used in psychopharmacology, and is a drug which is used to treat manic depression (bipolar disorder).

[11] Prozac is a trademark for the drug fluoxetine hydrochloride, and is an oral selective serotonin reuptake inhibitor used for depression, obsessive-compulsive disorder, and bulimia nervosa.

[12] The "Patient Medication Instruction" sheet on this date reflects a Metadate CD dose of 10 mg BID, however, that day's "Note to File" reflects a dosage of 20 mg PO qAM.

17. On or about December 5, 2005, respondent increased the patient's Lithium dose, but failed to document any information concerning X.B.'s mental, physical or emotional status on this visit, including his weight.

18. On or about January 12, 2006, X.B. was reported to be "off track," had difficulty going to bed, and had had a few tantrums. Respondent increased the Lithium and Depakote dosages, discontinued the Metadate CD, and added a new prescription for Concerta,[13] another ADHD medication. X.B.'s weight, again, was not recorded.

19. On or about March 4, 2006, the patient was reportedly having great difficulty in the mornings, and had been sick. His weight was again not recorded. Respondent added new prescriptions for Seroquel[14]and Ritalin.[15] At this time, X.B.'s medication regimen included seven (7) different medications: Concerta, Lithium, Depakote, Seroquel, Prozac, Risperdal and Ritalin.

20. On or about May 11, 2006, X.B. was having episodes of aggressive behavior and appeared to be very anxious. His weight was again not recorded. Respondent increased the Depakote and decreased the Concerta dosages.

21. On or about June 16, 2006, X.B. was reported to have improved self-esteem, but his behavior remained somewhat erratic. His weight was, once again, not recorded. Respondent increased the Concerta and decreased the Depakote.

22. Respondent next saw X.B. on or about July 13, 2006. At that time, he was having difficulty in the mornings, becoming agitated and screaming, and refusing to take his medications. Respondent again failed to record his weight, and increased the Depakote and Lithium dosages, and decreased the Concerta.

23. On or about September 9, 2006, X.B. now weighed almost sixty (60) pounds. His behavior was more often positive and he had been able to refrain from tantrums. Respondent increased the Ritalin, Concerta and Risperdal dosages, but it is unclear if respondent decreased

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[13] Concerta is another brand name for a once-daily extended release form of MPH, used to treat ADHD.

[14] Seroquel is a trade name for the drug quetiapine fumarate, an atypical antipsychotic medication. According to the FDA boxed warning, this drug isn't approved for use in pediatric patients.

[15] Ritalin is a trademark for the central nervous system stimulant MPH.

the Lithium dosage at this time due to a discrepancy in the records.[16]

24. On or about November 17, 2006, X.B. was reported to have gained twenty (20) pounds in the past few months; however, respondent did not record his weight or any other information regarding his mental, emotional and physical condition on this visit. Respondent increased the Depakote dose and added a new prescription for Tenex.[17] It appears that respondent may have modified the Seroquel regimen, but this is unclear due to a discrepancy in the records.[18] It is also unclear whether respondent discontinued the prescriptions for Risperdal, Ritalin, Prozac and Concerta, as these medications are no longer reflected in the patient's medical records.

25. On or about December 2006, X.B. was noted to be very hyperactive and impulsive. His weight was again not recorded. Respondent added a new prescription for Geodon,[19] restarted the Adderall XR, increased the Depakote dosage, and modified his Seroquel regimen. The Geodon was discontinued as it made him too sleepy.

26. On or about January 17, 2007, X.B. weighed sixty-six (66) pounds, and had been hospitalized for a few days after becoming agitated. Respondent did not document any other information concerning X.B.'s mental, emotional or physical condition on this visit, other than his weight.

27. On or about April 12, 2007, X.B. was noted to be slightly hyper, and had a few bad days at his new school. His weight was not recorded. Respondent restarted the Geodon, increased the Adderall XR dosage, and added a new prescription for Cogentin.[20] Respondent

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[16] The "Note to File" dated 7/13/05 reflects a Lithium dosage of 8mEq/cc 3ml PO TID. However, the "Note to File", dated 9/9/06, reflects a Lithium dosage of 4cc PO BID.

[17] Tenex is a brand name for the drug guanfacine, a centrally acting antihypertensive medication used to control high blood pressure. It was also prescribed off-label for the treatment of ADHD. In June 2007, the FDA approved the use of guanfacine for ADHD treatment.

[18] The "Note to File" dated 9/9/06 reflects a Seroquel dosage of 25mg PO qd PRN. However, the "Note to File", dated 11/17/06, notes Seroquel tabs iii PO qAM, tabs ii PO q12n & 4:30 and tabs i - ii PO PRN BID.

[19] Geodon is the brand name for the drug ziprasidone, and is an antipsychotic medication used as the treatment of schizophrenia and has been approved for acute treatment of mania associated with bipolar disorder. It is unclear when the Geodon was discontinued as this was the first visit in which the prescription was noted.

[20] Cogentin is a trademark for an antiparkinson drug, benztropine mesylate which inhibits cholinergic excitatory pathways and restores balance of dopamine and acetylcholine in the central nervous system, thereby decreasing excess salivation, rigidity, and tremors.

ordered X.B.'s blood levels to be checked for the second time.

28. On or about July 7, 2007, X.B. was again seen, however, respondent failed to document any information concerning the patient's mental, emotional or physical condition.

29. X.B. was next seen by respondent on or about July 31, 2007, and weighed sixty-two (62) pounds. He was having difficulty sleeping through the night and was agitated. Respondent increased the Geodon and Tenex dosages.

30. On or about August 27, 2007, respondent saw X.B. for the last time. At that time, X.B. was still having difficulties being disruptive at home, and becoming very angry and attacking. His weight was not recorded. Respondent decreased the Geodon dosage and discontinued the Tenex in the morning.

31. During the course of care and treatment of X.B., respondent failed to document the rationale for changing, adjusting, discontinuing or adding more than one medication dosage at a time, and never documented a formal mental status examination of this patient.

32. In respondents overall care and treatment of patient, X.B., the following acts and omissions, collectively, constitute gross negligence:

a. adding, discontinuing, or adjusting more than two medication dosages at a time;

b. prescribing initial dosage of Depakote and Lithium without documentation of having calculated the dosages based on the patient's weight and/or following laboratory monitoring;

c. failure to order regular laboratory monitoring of the patient's blood, CBC, liver, thyroid and chemistry panels;

d. failure to consistently monitor and document the patient's weight and vital signs;

e. failure to consistently document the medical rationale for adding, discontinuing, or adjusting medication doses;

f. failure to consistently gather and document information about the medications' side effects and the patient's social, academic and community functioning; and

g. failure to document a mental status examination of this patient.

SECOND CAUSE FOR DISCIPLINE

(Gross Negligence – Patient V.S-B.)

33. Respondent is subject to disciplinary action under section Business and Professions Code section 2234, subdivision (b), in that she was grossly negligent in her care and treatment of patient V.S-B.. The circumstances are as follows:

34. On or about May 14, 2001, V.S-B., a then 36-year-old female patient, was seen by respondent prior to her discharge from Las Encinas Hospital. At that time, respondent diagnosed the patient with recurrent major depression. The patient was discharged on May 18, 2001, was prescribed Effexor XR,[21] Celexa,[22] Neurontin,[23] Restoril,[24] and Ativan,[25] and was given a follow up appointment with respondent.

35. On or about May 24, 2001, the patient presented to respondent's office. During this time, and through July 2006, respondent principally saw the patient for the management of her medications. At this visit, the patient was depressed and anxious. Respondent increased the Effexor and Neurontin dosages.

36. On or about June 14, 2001, respondent next saw V.S-B. who complained of increased anxiety, anger, irritability, and decreased patience. Respondent increased the Celexa and Neurontin dosages.

37. On or about August 23, 2001, the patient saw respondent for a follow up visit and complained of being overwhelmed. Respondent started the patient on Seroquel, and decreased the Neurontin dose. Respondent ordered a chemistry, CBC, and thyroid panel which were all reported to be normal.

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[21] Effexor is a trademark for the drug venlafaxine hydrocholoride an antidepressant, anxiolytic, which inhibits neuronal serotonin and norepinephrine reuptake and slightly inhibits dopamine reuptake.

[22] Celexa is a trademark for the drug citalopram hydrobromide, an antidepressant which is thought to potentiate serotonergic (containing or activated by serotonin) activity in the central nervous system by inhibiting neuronal uptake of serotonin (a chemical produced by the brain that functions as a neurotransmitter).

[23] Neurontin is a trademark for the drug gabapentin, an anticonvulsant which appear to stabilize cell membranes by altering sodium, calcium and potassium transport, thereby decreasing excitability and suppressing seizure discharge or focus.

[24] Restoril is a trademark for the drug temazepam a sedative-hypnotic which depresses the central nervous system at the limbic, thalamic, and hypothalamic levels.

[25] Ativan is a trademark for the drug lorazepam an antianxiety agent which is thought to depress the central nervous system at the limbic system and disrupt neurotransmission in reticular (net like) activating system.

38. On or about April 4, 2002, the patient saw respondent and complained of mood swings and racing thoughts. Respondent decreased the Celexa dose, added a new prescription for Lithobid.[26]

39. V.S-B. saw respondent again on or about June 11, 2002, and complained of increased tension. At that time, respondent increased the Lithobid dose, added a new prescription for Prozac, and discontinued the Celexa.

40. On or about July 11, 2002, respondent next saw V.S-B. who complained of being irritable all the time. Respondent diagnosed the patient with Bipolar disorder, mixed. Respondent, however, did not document a mental status examination on this date, nor do the records reflect that the patient consistently demonstrated specific and discrete bipolar symptoms, or that respondent ruled out any other medical conditions or medication side effects that may mimic bipolar symptoms. Respondent decreased the dosage of Effexor, discontinued the Neurontin, and added a new prescription for Risperdal, a bipolar medication, to the patient's medication regimen.

41. On or about August 1, 2002, respondent saw the patient again. At that time, respondent increased the Prozac, gave the patient a sample of the drug BuSpar,[27] and added a prescription for Xanax.[28]

42. On or about December 3, 2002, the patient's Lithium levels were reported to be 1.0. In the December 5, 2002 Note to File, however, respondent recorded the level as 0.7 .

43. On or about February 6, 2003, V.S-B. saw respondent again. At that time, she had increased lability and was experiencing side effects from the Lithobid. Respondent decreased the Lithobid, discontinued the Prozac, and added new prescriptions for Paxil,[29] Abilify,[30] and

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[26] Lithobid is a trademark for the antimanic drug lithium carbonate which is thought the disrupt sodium exchange and transport in nerves and muscles and control reuptake of neurotransmitters.

[27] BuSpar is a trademark for the drug buspirone hydrochloride, and antianxiety drug which is thought to bind to serotonin and dopamine receptors in the central nervous system, increasing dopamine metabolism and impulse formation. It is also thought to inhibit neuronal firing and reduce serotonin turnover.

[28] Xanax is a trademark for the drug alprazolam, an anxiolytic (a drug that relieves anxiety) which is thought to act at the limbic, thalamic and hypothalamic levels of the central nervous system to produce sedative, anxiolytic, skeletal muscle relaxant, and anticonvulsant effects.

[29] Paxil is the brand name for the drug paroxetine, a selective serotonin (a hormone and neurotransmitter) reuptake inhibitor used as an oral antidepressant.

Trileptal.

44. On or about March 2003, respondent ordered the patient's liver function and thyroid panels tested. Thereafter, no further liver, thyroid, lipid or chemistry panels were ordered until February 2005.

45. Respondent saw V.S-B. again on or about June 3, 2003. At that time, the patient complained of headaches, explosive behavior, and diarrhea secondary to the Lithobid. Respondent increased the Trileptal and BuSpar dosages, and added a new prescription of Topamax.[31] The patient's medication regiment now included eight (8) different psychotropic medications: Topamax, Lithobid, Trileptal, Paxil, BuSpar, Xanax, Abilify and Seroquel.

46. On or about August 7, 2003, respondent saw the patient again. On this date, respondent discontinued the Topamax, increased the Paxil, and decreased the Abilify.

47. Respondent next saw the patient on or about October 2, 2003, who was more stable and had few complaints. Respondent discontinued the Lithobid and Seroquel, decreased the Trileptal, BuSpar and Paxil, and added a new prescription for Eskalith CR.[32]

48. On or about March 4, 2004, the patient was again seen by respondent, and was doing well. Respondent decreased the Abilify dosage, discontinued the Xanax, and added a new prescription for Klonopin.[33]

49. On or about May 6, 2004, V.S-B. next saw respondent, and complained of being sleepy during the day and the patient was objectively over sedated. Respondent increased the Abilify, discontinued the Paxil CR and the regular Klopopin prescriptions, added a new prescription for Wellbutrin XL,[34] and prescribed Klopopin wafers.

50. On or about May 24, 2004, respondent saw the patient again who was very depressed,

[30] Abilify is the brand name for the drug Aripiprazole an antipsychotic medication for the treatment of schizophrenia. It recently received approval from the Federal Drug Administration for the treatment of acute manic and mixed episodes associated with bipolar disorder.

[31] Topamax is a brand name for Topiramate an anticonvulsant drug which is used to treat epilepsy and sometimes as an antidepressant.

[32] Eskalith CR is a trademark for a drug containing lithium carbonate, a medication used to treat bipolar affective disorders.

[33] Klonopin is a trademark for the drug clonazepam, an anticonvulsant.

[34] Wellbutrin XL is a trademark for the drug bupropion hydrochloride, used to treat depression.

unable to concentrate, and complained of diarrhea. Respondent increased the Trileptal and Wellbutrin dosages, discontinued the Eskalith, and restarted the Seroquel.

51. V.S-B. saw respondent again on or about August 19, 2004, and reported that her mood was fairly stable. Respondent increased the Abilify, and added a new prescription for Lexapro.[35]

52. The patient was next seen by respondent on or about January 31, 2005. At that time, the patient complained of having panic attacks, worrying all the time, and was seeking Xanax. Respondent discontinued the Wellbutrin and added a new prescription for Cymbalta.[36]

53. On or about February 17, 2005, respondent's partner, Joseph Haraszti, M.D., ordered laboratory monitoring of the patient's CBC, thyroid and Lithium levels, although these results were not reported until September 16, 2005.

54. On or about May 16, 2005, the patient was next seen by respondent who noted that the patient's mood was still unstable. Respondent increased the Lithium dose, and discontinued the Wellbutrin, however, there is a discrepancy in the record as this medication was previously discontinued several months earlier on January 31, 2005.

55. V.S-B. was next seen by respondent on or about August 2, 2005. At that time, the patient was stressed and experiencing anxiety attacks. Respondent increased the Seroquel, Trileptal and Cymbalta dosages.

56. V.S-B. saw respondent again on or about November 15, 2005, and complained of twitching. The patient was feeling much better with her anxiety under control, but was irritable all the time. Respondent increased the Cymbalta, decreased the Abilify (which respondent believed might be responsible for the twitching), and added a new prescription for Lunestra.[37]

57. On or about May 11, 2006, respondent saw the patient again who was doing better and her mood was stable. Respondent discontinued the Lunestra and added a new prescription

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[35] Lexapro is a trademark for the drug escitalopram oxalate, an antidepressant which prevents serotonin reuptake by the central nervous system neurons, making more serotonin available in the brain and thereby relieving depression.

[36] Cymbalta is a trademark for the drug duloxetine, an antidepressant.

[37] Lunestra is a trademark for the drug eszopiclone, a hypnotic which is generally prescribed for insomnia.

for Ambien.[38]

58. On or about August 9, 2006, respondent began psychotherapy sessions with the patient.

59. On or about August 24, 2006, the patient was noted to be taking the following medications: Abilify, Seroquel, Lunestra, Ambien, Cymbalta, Lithium, Klonopin and Trileptal, however, there is another discrepancy in the record as respondent recorded that she discontinued the Lunestra several months earlier on May 11, 2006.

60. On or about September 29, 2006, respondent saw the patient again who was feeling tired and angry. Respondent noted the patient's current medications as: Lithium, Lunestra, Cymbalta, BuSpar, Abilify, Risperdal and Xanax.

61. Respondent saw the patient again several times during October 2006 and made no changes to her medications.

62. On or about November 10, 2006, respondent saw V.S-B. who was depressed, feeling down and tired. Respondent noted the patient's current medications as: Lithium, Klonopin, BuSpar, Abilify, Cymbalta, Lunestra and Xanax, however, there is another discrepancy in the record as Klonopin was not listed as one of the patient's current medications as of September 29, 2006.

63. Respondent continued treating the patient into 2007. On or about March 25, 2007, respondent decreased the dosages of Lithium and BuSpar, discontinued the Risperdal, and added another prescription for Topamax. There is, however, another discrepancy in the record as Risperal was not listed as one of the patient's current medications as of November 10, 2006.

64. On or about May 16, 2007, respondent saw the patient again, who complained of obsessive thoughts. Respondent increased the Lexapro dose, however, there is a discrepancy in the record as this medication is not listed as one of the patient's current medications as of November 10, 2006 nor August 28, 2006.

65. On or about June 14, 2007, V.S-B. was noted to be taking BuSpar, Cymbalta,

[38] Ambien is a trademark for the drug zolpidem tartrate, a sedative-hypnotic generally prescribed for insomnia.

Topamax, Abilify, Neurontin,[39] Wellbrutrin XL, and Trazodone.[40] On or about June 16, 2007, respondent increased the Neurontin and Lunestra doses, decreased the Wellbrutrin and Cymbalta, and added a new prescription for Robaxin.[41]

66. On or about June 20, 2007, respondent saw the patient who complained of depression and anxiety. Respondent discontinued the Neurontin which the patient did not feel was helping.

67. V.S-B. saw respondent again on or about June 27, 2007, and complained of being anxious and depressed with suicidal ideations, but no plan. Respondent increased the dosages of Cymbalta, Topamax, and BuSpar, and lists Ritalin as another one of the patient's medications, however, this medication was not previously listed as one of the patient's medications. Respondent also discontinued the Neurontin, however, there is a discrepancy in the record as this medication was noted to be discontinued on June 20, 2007.

68. On or about June 28, 2007, respondent added a new prescription for Lamictal[42] to the patient's medication regimen.

69. On or about July 3, 2007, V.S-B. saw respondent again and complained of being very depressed with suicidal ideations, indicating she would "do it" if it was the only way out, and admitted using Klonopin to decrease her anxiety. Respondent and the patient entered into a suicide contract.[43] The following day, on or about July 4, 2007, the patient took an overdose of Klonopin.

70. On or about July 9, 2007, respondent saw V.S-B. who complained of feeling angry and was having cravings to escape reality. Respondent did not document any inquiry into whether the patient was having any suicidal thoughts or ideations five days after the overdose.

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[39] Neurontin is a trademark for the drug gabapentin, an anticonvulsant that appears to stabilize cell membranes by altering cation (sodium, calcium and potassium) transport, thereby decreasing excitability and suppressing seizure discharge or focus.

[40] Trazodone is an antidepressant used as the hydrochloride salt to treat major depressive episodes.

[41] Robaxin is a trademark for the drug methocarbamol, a skeletal muscle relaxant that is thought to depress the central perception of pain without directly relaxing skeletal muscles or directly affecting motor endplate or motor nerves.

[42] Lamictal is a trademark for the drug lamotrigine, an anticonvulsant which is thought to block sodium channel membranes, which in turn inhibits release of the neurotransmitters glutamate and aspirate in the brain.

[43] The Suicide Contract states that the patient "will call Dr. Poliquin before I take any pills to kill myself. I will call if there is a crisis which makes me feel suicidal or have loss of control" and Dr. Poliquin agreed that she "will be open to receiving [the patient's] call 24/7 until the situation has stabilized."

Respondent gave the patient Tenex, Neurontin and Seroquel.

71. Respondent saw the patient again on or about August 1, 2007, who felt less depressed and moody. Respondent discontinued the Tenex and Seroquel, and noted the patient's current medication regimen as: Cymbalta, Lunesta, BuSpar, Topamax, Wellbrutirn, Neurontin, Lamictal and Naltrexone.[44]

72. On or about August 8, 2007, respondent saw V.S-B. who reported improvement. Respondent decreased the Naltrexone, Cymbalta and BuSpar dosages.

73. Respondent last saw the patient on or about August 27, 2007, who was feeling depressed and anxious, but wanted to decrease all of her medications. Respondent discontinued the Cymbalta, Topamax and Naltrexone, but continued the patient's regimen of Lamictal, Wellbutrin and BuSpar.

74. During the course of care and treatment of V.S-B., respondent failed to consistently document the rationale for adding, changing, discontinuing or adjusting more than one medication dosage at a time and never documented a mental status examination of this patient.

75. In respondents overall care and treatment of patient, V.S-B., the following acts and omissions, collectively, constitute gross negligence:

a. diagnosing the patient with Bipolar disorder instead of a depressive disorder without documented evidence that the patient consistently demonstrated bipolar disorder symptoms;

b. adding, discontinuing, or adjusting more than two medication dosages at a time;

c. failure to order regular laboratory monitoring of the patient's blood, CBC, liver, thyroid and chemistry panels;

d. failure to consistently document the rationale for adding, discontinuing or adjusting medication doses;

e. failure to consistently gather and document information about the effects and/or side effects of the medications prescribed; and

[44] Naltrexone is an opioid antagonist used as the hydrochloride salt in treatment of opioid or alcohol abuse.

f. failure to document a mental status examination of this patient.

THIRD CAUSE FOR DISCIPLINE

(Repeated Negligent Acts – Patient X.B.)

76. Respondent is subject to disciplinary action under section Business and Professions Code section 2234, subdivision (c) in that respondent committed repeated negligent acts in her care and treatment of patient, X.B. The circumstances are as follows:

77. Paragraphs 8 through 32 inclusive are incorporated herein by reference as if fully set forth.

78. Respondent was further negligent in her care and treatment of X.B., in that she diagnosed the patient with bipolar disorder with no documented evidence that the patient consistently demonstrated bipolar disorder symptoms.

FOURTH CAUSE FOR DISCIPLINE

(Repeated Negligent Acts – Patient V.S-B.)

79. Respondent is subject to disciplinary action under section Business and Professions Code section 2234, subdivision (c) in that respondent committed repeated negligent acts in her care and treatment of patient, V.S-B. The circumstances are as follows:

80. Paragraphs 34 through 75 inclusive are incorporated herein by reference as if fully set forth.

FIFTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Medical Records)

81. Respondent is subject to disciplinary action under section Business and Professions Code section 2266 in that respondent failed to maintain adequate and accurate medical records in her care and treatment of patients, X.B. and V.S-B. The circumstances are as follows:

82. Paragraphs 8 through 32, and 34 through 75, inclusive, are incorporated herein by reference as if fully set forth.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 30419, issued to Nicole Poliquin-Williams, M.D.

2. Revoking, suspending or denying approval of respondent's authority to supervise physician assistants, pursuant to section 3527 of the Code;

3. Ordering respondent to pay the Medical Board of California the costs of probation monitoring, if placed on probation; and

4. Taking such other and further action as deemed necessary and proper.

DATED: November 25, 2009

BARBARA JOHNSTON
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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